

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING REGISTERED SANITARIAN WORK VERIFICATION/REFERENCE FORM

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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The applicant named above has applied for registration as a Registered Sanitarian in the State of Wisconsin. To assist the Board in reviewing the applicant's qualifications for licensure under Wis. Admin. Code § SPS 175, this reference form must be completed by the following:

- A person not related by blood or marriage to the applicant, who has **personal knowledge of the applicant's work in the field of environmental health. The person completing this form should have at least 12-months knowledge of the applicant's experience within the past 5 years.**
- At least one of the applicant's references shall be from an employer or supervisor who can verify the hours worked.
- **All items must be completed and any questions, which cannot be answered, must be marked unknown or non-applicable.** A copy of the rules governing the Registered Sanitarians profession can be viewed at <http://dsps.wi.gov/prof/sani/def.htm> and clicking on the Consumer Info. and Tools link to Registered Sanitarian applications.

ANSWER THE FOLLOWING QUESTIONS:

1.	I have personal knowledge that the applicant has worked in the field of environmental health. <input type="checkbox"/> Yes <input type="checkbox"/> No																		
2.	My contacts with the applicant were: (check all that apply) <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Co-worker <input type="checkbox"/> Student <input type="checkbox"/> Instructor <input type="checkbox"/> In Professional Society Activities <input type="checkbox"/> Other (specify) <input type="text"/>																		
3.	The applicant performed work in the following field(s) of environmental health: <ul style="list-style-type: none">• "Environmental Health" means the science and art, which pertains to the protection of human health through the assessment, management, control, and prevention of environmental factors that may adversely affect the health, comfort, safety, or well-being of individuals or the environment.• "Field of Environmental Health" means employment, whether private or public, where the principles of environmental health are directly applied to one or more of the following areas below. (check all areas that apply) <table border="0"><tr><td><input type="checkbox"/> Air Quality</td><td><input type="checkbox"/> Food Protection</td><td><input type="checkbox"/> Hazardous Substances</td></tr><tr><td><input type="checkbox"/> Product Safety</td><td><input type="checkbox"/> Housing</td><td><input type="checkbox"/> Institutional Health and Safety</td></tr><tr><td><input type="checkbox"/> Radiation Protection</td><td><input type="checkbox"/> Recreational Areas and Waters</td><td><input type="checkbox"/> Solid Waste Management</td></tr><tr><td><input type="checkbox"/> Vector Control</td><td><input type="checkbox"/> Water Quality</td><td><input type="checkbox"/> Wastewater Technology and Management</td></tr><tr><td><input type="checkbox"/> Hazardous Waste Management</td><td><input type="checkbox"/> Industrial Hygiene and Water Supply</td><td></td></tr><tr><td><input type="checkbox"/> Other (describe)</td><td colspan="2"><input type="text"/></td></tr></table>	<input type="checkbox"/> Air Quality	<input type="checkbox"/> Food Protection	<input type="checkbox"/> Hazardous Substances	<input type="checkbox"/> Product Safety	<input type="checkbox"/> Housing	<input type="checkbox"/> Institutional Health and Safety	<input type="checkbox"/> Radiation Protection	<input type="checkbox"/> Recreational Areas and Waters	<input type="checkbox"/> Solid Waste Management	<input type="checkbox"/> Vector Control	<input type="checkbox"/> Water Quality	<input type="checkbox"/> Wastewater Technology and Management	<input type="checkbox"/> Hazardous Waste Management	<input type="checkbox"/> Industrial Hygiene and Water Supply		<input type="checkbox"/> Other (describe)	<input type="text"/>	
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4.	Based upon my personal knowledge, I am able to verify the number of hours the applicant worked in the field of environmental health. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following. The applicant has worked in the above-checked field(s): From: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> for a total number of <input type="text"/> hours.																		

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5. Indicate your opinion as to the applicant's potential to practice as a registered sanitarian by checking the appropriate boxes below. **If an "Unsatisfactory" or "Comment" is checked for any item, you must submit a letter of explanation attached to this form.**

<u>Factor</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Unknown</u>	<u>Comment</u>
Technical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Registered Sanitarian Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Integrity and Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legislative Regulatory Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible Charge Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Considering the need to protect health, safety and welfare, in my opinion this applicant would rank in professional competence and responsibility as follows:

☐ **Qualified** ☐ **Unqualified** ☐ **Doubtful/Uncertain** ☐ **Unknown**

7. Provide comments on your overall recommendation of the applicant. **This item must be completed.**

(Attach additional sheet(s) if necessary.)

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8. The above information is being submitted by: **(type or print)**

Last Name

First Name

Firm Name

Title/Position

Address (street, city, state, zip)

Daytime Telephone Number

 - -

Signature

Date

 / /

**Please affix seal or
list type of profession and registration number
(if applicable)**

I certify under penalty of perjury that these statements are true and correct to the best of my knowledge of the date of my signature, and that I have personally prepared this form, and if I become aware of information that would contradict my statements included with this submittal, I will promptly notify the Board.

Signature

Date

 / /

RETURN THE COMPLETED FORM (#2768) TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE ENVELOPE SEAL.